

WRITE "ONLY WHEN UNNECESSARY" IN order of birth stated.

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or

City of Miami Ariz

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 170

County Registrar No. 356

Local Registrar No. _____

No. 801 Liv Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Rumada } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Girl To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate. _____ 6. Date of birth Mar 20 1926 Month day year

3. FATHER

Full name Miguel Rumada

3. Residence (Usual place of abode)

If nonresident, give place and state

10. Color or race

My

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name

Josefina Pereira

15. Residence (Usual place of abode)

If nonresident, give place and state

16. Color or race

My

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Mexico
(State or country) Snora

19. Occupation

Nature of industry

House Wife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living yes (b) Born alive but now dead. _____ (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from a supplemental report

Month, day, year.

Signature

Delfina Pereira

(Physician or midwife)

Address

808 Liv Oak

Filed

April 3, 1926

C. E. Dunn

Local Registrar.

Filed

19

County Registrar.

Registrar.

411-320-171